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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

			Office use only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5
DOWNTOWN FOR DE	MOCRACY INDEPENDEN	IT EXPENDITURE COMI	WITTEE
ADDRESS (number and street)	124 MOTT STREET	<u> </u>	
(Check if address	#25		
is changed)	NEW YORK	<u>. i</u>	NY 10013
n arabatar T	Tilalinia arranja	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS (Please provide only one o	e-mail address)	
(Check if address	Audrey.Gelman@gn	nail.com	
is changed)	1 ·	<u> </u>	
n (10 gans agailteannaidh a ceann			
(Check if address is changed)	www.downtown4der	1 1 1 1 1 1 1 1	
2. DATE M M / D	06 2011		
3. FEC IDENTIFICATION NU		The state of the s	•
en gant and de la collège de l		The second of the second	No. 19
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A	()
I certify that I have examined this S	latement and to the best of my kn	owledge and belief it is true, com	rect and complete
Type or Print Name of Treasure	AUDREY GELM	AN	
Signature of Treasurer	Mury (Halman	Date 0 4 0 7 20 1 1
NOTE: Submission of false, errone	ous, or incomplete information ma		Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further informa Federal Election Co Toll Free 800-424-9 Local 202-694-1100	mmission FEC FORM 1

				······································		
		OMMITTEE (Check One) committee:				
(a)		This committee is a principal campaig	n committee. (Complete	the candidate information	n below.)	
(b)		This committee is an authorized comminformation below.)	nittee, and is NOT a pri	ncipal campaign committe	e. (Complete the cand	lidate
Name Cand	e of didate		1 1 1 1 1 1 1	1111111		
	didate / Affiliati	Office Sought:	House	Senate	Stati President Distr	<i>\$4</i> 1 1 € 1
(c)	1	This committee supports/opposes only	one candidate, and is I	NOT an authorized commi	ilee.	
Name Cand	e of didate		<u> </u>			
Party	/ Comm	nittee:				
(d)	i de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela com	This committee is a	(National, State (or subordinate) o	ommittee of the	(Democra Republic	atic, an,etc.) Party.
Polit	ical Ac	tion Committee (PAC):	, 			
(e)		This committee is a separate segregat	ed fund. (Identify oonne	cted organization on line 6	6.) Its connected organ	nization is a:
		Corporation	Corporation w	lo Capital Stock	Labor Organ	ization
		Membership Organization	Trade Associ	ation	Cooperative	
/6	ş	In addition, this committee	is a Lobbyist/Registrant	PAC.		
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)				or party		
		In addition, this committee is a Lo	bbyist/Registrant PAC.			
		In addition, this committee is a Le	adership PAC. (Identify	sponsor on line 6.)		
Joint	Fundra	ising Representative:				
(g)	2. 3	This committee collects contributions, p committees/organizations, at least one				oolitical
(h)	1	This committee collects contributions, pcommittees/organizations, none of which				oolitical
	Com	mittees Participating in Joint Fundraiser			ang ini manganan katang sebera	www.wass.r
		1.		FEC ID number		المراسعة المراسع
		2.		FEC ID number C	ing. Salah di Salah di Kabupat Salah	اً المحادث المحادث
		3.		FEC ID number C		A STATE OF THE STA
		4.		FEC ID number C		en generalen eta

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W	rite or Type Committee Name			. **			
	DOWNTOWN FOR DEMO	OCRACY INDEPENDENT EXPENDITUR	RE COMMITTEE				
6.	Name of Any Connected Org	anization, Affiliated Committee, Joint Fund	raising Representative, or	Leadership PAC Sponsor			
	NONE	<u> </u>	<u> </u>	1 1 1 1 1 1 1 1 1			
. 1							
	Mailing Address						
	J						
		<u> </u>		<u> </u>			
		спу▲	STATE A	ZIP CODE A			
	Relationship:						
	Connected Organization	Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor			
7.	Custodian of Records: Ide	ntify by name, address, (phone number -	optional), and position	of the person in			
	AUDREY GELMAN Full Name						
	Mailing Address	124 MOTT STREET					
	,	#25					
		NEW YORK	NY	10013 _			
	Title or Position ♥	CITY A	STATE	ZIP CODE A			
	TREASURE	ER	Telephone number 6	6 - 436 - 3296			
8.		and address (phone number optional) o designated agent (e.g., assistant treasur		mmittee; and the			
	Full Name of Treasurer AUDRE	Y GELMAN					
	Mailing Address	124 MOTT STREET					
		#25					
		NEW YORK	NY_	10013			
	Title or Position ♥	CITY A	STATE	ZIP CODE A			
			Telephone number6	46 _ 436 _ 3296			
			-				

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Full Name of Designated Agent			
Mailing Address			AND
Title or Position ♥	CITY A	STATE &	ZIP CODE A
		Telephone number	
Banks or Other D	Depositories: List all banks or other depositories in whice or maintains funds.	h the committee deposits funds, I	nolds accounts, rents
• •			
Name of Bank, De	apository, etc.		
	HSBC		
Name of Bank, De	HSBC		
	HSBC		
Name of Bank, De	HSBC		11206 - [, , ,]
Name of Bank, De	HSBC 175 BROADWAY	NY STATE ▲	11206
Name of Bank, De	HSBC 175 BROADWAY BROOKLYN CITY A		
Name of Bank, De	HSBC 175 BROADWAY BROOKLYN CITY A		
Name of Bank, De	HSBC 175 BROADWAY BROOKLYN CITY A		ZIP CODE A
Name of Bank, De	HSBC 175 BROADWAY BROOKLYN CITY A		ZIP CODE A
Name of Bank, De	HSBC 175 BROADWAY BROOKLYN CITY A	STATE A	ZIP CODE A

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Postmark Illegible				
No Postmark	·			
Overnight Delivery Service (Specify):	Shipping Date			
Nex	tt Business Day Delivery			
Received from House Records & Registration Of	Date of Receipt ffice			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
JMP	4/8/11			
(3/2005)	DATE PREPARED			